

Recovery Services of Northwest Ohio, Inc.

The Gene Smart Community Service Center
511 Perry Street
Defiance, OH 43512

Phone: 419-782-9920
Fax: 419-784-2523

Mast Assessment Survey

Participant's Name: _____ Date: _____

Score: _____

- Yes ___ No ___ 1. Do you feel you are a normal drinker?
Yes ___ No ___ 2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of evening before?
Yes ___ No ___ 3. Does your spouse (or parents) ever worry or complain about your drinking?
Yes ___ No ___ 4. Can you stop drinking without a struggle after one or two drinks?
Yes ___ No ___ 5. Do you ever feel bad about your drinking?
Yes ___ No ___ 6. Do friends or relatives think you are a normal drinker?
Yes ___ No ___ 7. Do you ever try to limit your drinking to certain times of the day or to certain places?
Yes ___ No ___ 8. Are you always able to stop drinking when you want to?
Yes ___ No ___ 9. Have you ever attended a meeting of Alcoholics Anonymous(A.A.)?
Yes ___ No ___ 10. Have you gotten into fights when drinking?
Yes ___ No ___ 11. Has drinking ever created problems with you and your spouse?
Yes ___ No ___ 12. Has your spouse (or other family member) ever gone to anyone for help about your drinking?
Yes ___ No ___ 13. Have you ever lost friends or girl/boy friends because of your drinking?
Yes ___ No ___ 14. Have you ever gotten into trouble at work because of your drinking?
Yes ___ No ___ 15. Have you ever lost your job because of your drinking?
Yes ___ No ___ 16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
Yes ___ No ___ 17. Do you ever drink before noon?
Yes ___ No ___ 18. Have you ever been told you have liver trouble? Cirrhosis?
Yes ___ No ___ 19. Have you ever had delirium tremens (DT's), sever shaking, heard voices, or seen things that were not there after heavy drinking?
Yes ___ No ___ 20. Have you ever gone to anyone for help about your drinking?
Yes ___ No ___ 21. Have you ever been in a hospital because of your drinking?
Yes ___ No ___ 22. Have you ever been a patient in a psychiatric hospital or on an alcoholism treatment or psychiatric ward of a general hospital where drinking was part of the problem?
Yes ___ No ___ 23. Have you ever been seen at an alcoholism, psychiatric, or mental health clinic, or gone to a doctor, social worker, or a clergyman for help with an emotional problem in which drinking had played a part?
Yes ___ No ___ 24. Have you ever been arrested, even for a few hours, because of drunken behavior?
Yes ___ No ___ 25. Have you been arrested more than once for drunk driving or driving after drinking?

Client: _____ Date: _____

Counselor: _____ Date: _____

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Pre – Test

Directions: Please mark “T” for true if statement is correct, “F” for false if statement is incorrect.

- ____ 1. Ohio's legal drinking age is 21 for everybody.
- ____ 2. In regard to driving, a blood alcohol concentration of .10 is the legal definition of alcohol intoxication in the United States.
- ____ 3. Alcohol is a depressant drug.
- ____ 4. The effects of alcohol include relaxation, decreased alertness, and impaired coordination.
- ____ 5. Chronic use of alcohol distorts memory, affects reproductive organs, damages lungs and lung function, psychosis.
- ____ 6. Approximately seven out of ten adults drink alcohol, and of these about five of ten become alcoholic.
- ____ 7. Drinking several cups of black coffee will help an intoxicated person get sober.
- ____ 8. The chemical action of alcohol on the nervous system is similar to that of stimulants.
- ____ 9. The combination of alcohol with other drugs is relatively harmless.
- ____ 10. Cirrhosis of the liver can be caused by excessive use of alcohol.
- ____ 11. The permanent condition caused by drinking alcohol during pregnancy is known as Fetal Alcohol Syndrome (FAS).
- ____ 12. Alcoholism is a disease.
- ____ 13. Alcoholism is not curable, but is treatable.
- ____ 14. A blackout can be a symptom of alcoholism.
- ____ 15. Chemical dependency can be found in all age groups.
- ____ 16. Family members of an alcoholic can be adversely affected and may need professional help.
- ____ 17. Marijuana is a relatively harmless recreational drug.
- ____ 18. Marijuana has been reported as beneficial for some medicinal purposes, example, cancer patients.
- ____ 19. Cocaine is a dangerous depressant drug, also known as crank.
- ____ 20. Cocaine use may cause irregular heartbeat, and could lead to death.

Client Signature

Date

Staff Signature

Date

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Mortimer-Filkins Alcoholism Diagnostic Questionnaire

Client Name: _____ Date: _____

Instructions: Please answer every question. Do not spend too much time on any question. We would like your first answer that comes to mind. Answer each question in the order in which it appears. Mark and "X" or " /" for the Yes/No questions. When you are asked to answer with a number, (how many), please put the number in the space provided. If the event never happened to you mark zero (0). There are no right of wrong answers. Give the answer, which seems most correct to you.
Begin:

1. What is your present marital status?

1. single
2. separated
3. divorced
4. widowed
5. married

Enter response number here: # _____

2. With whom do you live?

1. alone
2. with friend(s)
3. with relative(s)
4. with wife (husband)
5. with ex-wife (ex-husband)

Enter response number here: # _____

If You Have Never Been Married, Skip To Question #6

YES NO

3. How many times have you and your spouse seriously considered divorce in the last two years? # _____
4. Does (did) your spouse often threaten you with divorce? _____
5. Would you say that your spouse's general health is (was) very good? _____
6. Are you employed now? _____
7. Do you smoke? _____
8. About how many packs of cigarettes do you smoke per week? # _____
9. Were you ever arrested? _____
10. Are your relatives upset with the way you live? _____
11. Is your income sufficient for you basic needs? _____

Mortimer-Filkins Alcoholism Diagnostic Questionnaire

	YES	NO
12. Are you bothered by nervousness (irritable, fidgety, or tense)?	_____	_____
13. My judgment is better than it ever was.	_____	_____
14. Have you recently undergone a great stress (such as something concerning your job, your health, your finances, your family or a loved one)?	_____	_____
15. I am apt to take disappointments so badly that I cannot put them out of my mind.	_____	_____
16. I have long periods of such great restlessness that I cannot put them out of my mind.	_____	_____
17. Are you often sad or down in the dumps	_____	_____
18. I have had periods in which I carried on activities without knowing later what I had been doing.	_____	_____
19. Do you have a lot of worries?	_____	_____
20. I have trouble sleeping.	_____	_____
21. I am moderate in all my habits.	_____	_____
22. Do you feel that you have abnormal problems?	_____	_____
23. I have lived the right kind of life.	_____	_____
24. My home life is as happy as it should be.	_____	_____
25. Does drinking help you make friends?	_____	_____
26. Much of the time I feel as if I had something wrong.	_____	_____
27. Do you think that creditors are much too quick to bother you for payments?	_____	_____
28. I wish I could be as happy as others seem to be.	_____	_____
29. I sometimes feel that I am about to go to pieces.	_____	_____
30. Do you usually perspire at night?	_____	_____
31. I often feel uncomfortable and down in the dumps.	_____	_____
32. About <u>how many</u> years has it been since your last out-of-town vacation? (if you have never taken one, write "9").	_____ #	_____
33. I am a high-strung person	_____	_____

Mortimer-Filkins Alcoholism Diagnostic Questionnaire

Client Name: _____ **Date:** _____

- | | YES | NO |
|--|-------|-------|
| 34. I am satisfied with the way I live. | _____ | _____ |
| 35. Have you ever had your driver's license suspended or revoked? | _____ | _____ |
| 36. About <u>how many times</u> have you asked for help for your problem? # | _____ | _____ |
| 37. Is there a history of alcoholism in your family? | _____ | _____ |
| 38. Do you have a relative who is an excessive drinker? | _____ | _____ |
| 39. Are you often depressed and moody? | _____ | _____ |
| 40. I often feel as if I were not myself. | _____ | _____ |
| 41. I am often afraid I will ^{NOT} be able to sleep. | _____ | _____ |
| 42. Do you often feel afraid to face the future? | _____ | _____ |
| 43. Drinking seems to ease personal problems. | _____ | _____ |
| 44. <u>How many drinks</u> can you handle and still drive well? # | _____ | _____ |
| 45. In the last year, <u>how many times</u> have you drunk more than you can handle, but still been a good driver when you get behind the wheel? # | _____ | _____ |
| 46. I wish people would stop telling me how to live my life. | _____ | _____ |
| 47. I often am afraid without knowing why I am afraid. | _____ | _____ |
| 48. At times I think I am no good at all. | _____ | _____ |
| 49. Do you feel sinful or immoral? | _____ | _____ |
| 50. A drink or two gives me energy to get started. | _____ | _____ |
| 51. Does drinking help you work better? | _____ | _____ |
| 52. My daily life is full of things that keep me interested. | _____ | _____ |
| 53. I often have feelings of vague restlessness. | _____ | _____ |
| 54. My friends are much happier than I am. | _____ | _____ |
| 55. I often pity myself. | _____ | _____ |
| 56. Would you say that 4 or 5 drinks affect your driving? | _____ | _____ |
| 57. I feel tense and anxious most of the time. | _____ | _____ |
| 58. Are you often bored and restless? | _____ | _____ |